

**AUBURN POLICE DEPARTMENT  
CITIZEN'S ACADEMY APPLICATION  
(Please Print)**

**Instructions:** Fill out the form online, print, sign and date and return to the address below.

**Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Address** \_\_\_\_\_  
(Street) (Apt/Lot #)  
\_\_\_\_\_  
(City) (State) (Zip)

**Phone** ( ) ( ) \_\_\_\_\_  
(Home) (Work/Cell)

**Date of Birth** \_\_\_\_\_  
(Month/Day/Year)

**If you have attended the Citizen's Academy in the past, please when** \_\_\_\_\_  
Year

**Please state why you are interested in attending the Auburn Police Department's Citizen's Academy:**

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**Authorization**

I, \_\_\_\_\_, authorize the Auburn Police Department and its agents and employees to conduct a review of the records of the Auburn Police Department and other law enforcement agencies for the purpose of confirming that I am of good character. I hereby release the City of Auburn and all its agents and employees from any liability that may arise out of the background investigation and recommendations, including liability arising from a negative recommendation based upon erroneous information.

Date \_\_\_\_\_

(Signature) \_\_\_\_\_

**Please Print, Sign and Date and Return to:**

Community Programs Coordinator  
Auburn Police Department  
340 East Main, Suite 201  
Auburn WA 98001